

P04000033638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

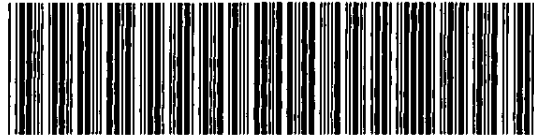
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MA Change  
Lewis  
3/5/08

## **Our Reference #11904014**

2/21/2008

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Re: FORM DESIGNERS INC Document #: P04000033638

Please file the attached Change of Registered Agent Form. You will find a check for the filing fee attached.



**ALL FLORIDA FIRM INC**

813 Deltona Blvd Ste A  
Deltona, FL 32725  
Phone 386-575-1180

1190414  
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: **FORM DESIGNERS, INC.**
2. The principal office address: **19912 DEER LAKE RD LUTZ FL 33548**
3. The mailing address (if different): **19912 DEER LAKE RD LUTZ FL 33548**
4. Date of incorporation/qualification: **2/20/2004** Document number: **P04000033638**
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

**HAYES, LLOYD N  
19912 DEER LAKE RD  
LUTZ FL 33548**

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

**ALL FLORIDA FIRM INC  
813 DELTONA BLVD STE A  
DELTONA, FL 32725**

(Box 1190414)

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Crystal Wiggins  
(Signature of an officer or director)

Crystal Wiggins Secretary  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity.  
I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

[Signature]  
(Signature of Registered Agent)

January 18, 2008  
(Date)

If signing on behalf of an entity:

Donna Serpa  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 1190414

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2008 MAR -3 PM 12:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA